

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

526978

FILING DATE

3-15-00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
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48						
49						
50						
TOTAL W/O.	4					
TOTAL DEF.		10				

	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
61						
62						
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TOTAL W/O.						
TOTAL DEF.						